

# RENEWAL OF TARGETED SMALL BUSINESS CERTIFICATION

Renewal of Targeted Small Business (TSB) certification takes place once every two years. The recertification process allows the Department of Inspections and Appeals to ensure TSBs are still in compliance with program eligibility standards.

## REASONS TO RECERTIFY

### TSB PROCUREMENT PROGRAM

State departments have an annual goal for doing business with certified targeted small businesses. Included under the TSB procurement program are state departments, agencies, commissions, and public education institutions.

### FINANCIAL ASSISTANCE

The Iowa Department of Economic Development (IDED) administers financial assistance for certified TSBs through its Business Financial Assistance Program. The financial assistance program for small businesses helps create and expand TSBs. This program has three components: 1) Maximum of \$50,000 in direct loans; 2) Equity grants used to leverage additional financing i.e., bank or Small Business Administration (SBA) financing not to exceed \$50,000; and 3) Loan guarantee's applicant must meet bank's normal lending criteria provides up to 80 percent guarantee not to exceed \$50,000 (interest rate is the discretion of the bank).

## FAILURE TO RECERTIFY

### TSB PROGRAM LOAN

If you have a loan through the TSB program, you must remain certified until your loan is paid in full. Failure to reinstate your renewal may cause the loan to become payable at once.

### CERTIFICATION PROCESS

If you choose not to recertify your business and decide at a later date that you would like to participate in the TSB program again, you must start the certification process over from the beginning. Recertifying your business on time will save time and money. Please return this application to the Iowa Department of Inspections and Appeals within the next 30 days for renewal of your certification.

## ADDITIONAL INFORMATION

### INSTRUCTIONS FOR SUBMITTING APPLICATION

Complete the application and submit a copy of the last two years of your federal tax information for your business. Be sure to include a check for \$15 (made payable to the Iowa Department of Inspections and Appeals). The processing fee is non-refundable. Return the completed form to the address listed below. The application is self-explanatory. Be sure to list any changes that have occurred in your business since initial certification. Please provide this office with appropriate documentation for these changes. **Note:** Use of the complete mailing address will speed delivery and processing of your application.

*Return Application to:*

Iowa Department of Inspections and Appeals  
Targeted Small Business Certification Program  
Lucas State Office Building  
321 East 12<sup>th</sup> Street  
Des Moines, Iowa 50319-0083

***If you need assistance in completing this application or have questions about the process,  
please telephone (515) 281-5796.***

Iowa Department of Inspections and Appeals – Targeted Small Business Certification Program, Telephone: (515) 281-5796	<b>DEPARTMENT USE ONLY</b>
<b>RENEWAL TARGETED SMALL BUSINESS CERTIFICATION</b>	CHECK #: _____ DATE: _____ AMOUNT: _____ INT: _____

Business Name:	Owner Name(s):	<input type="checkbox"/> Racial/Ethnic Minority <input type="checkbox"/> Woman <input type="checkbox"/> Person with a Disability		
Business Address:	City:	County #:	Zip Code:	Business Telephone: (    )    -
Mailing Address (if different from above):	City:		Zip Code:	Federal ID Number:
Person to Contact:	FAX Number:	TDD Number (hearing impaired only):	Social Security Number:	
Contact Person's Telephone Number: (    )    -	E-Mail Address:			

### General Information

On the lines below explain the nature of your business. Include the major field of operation, products sold, or services rendered. Consultants explain area of expertise. Name specifically and exactly what you sell. (This is how you will be listed on the TSB Directory.)	
<input type="checkbox"/> Manufacturer <input type="checkbox"/> Dealer with Inventory <input type="checkbox"/> Dealer without Inventory <input type="checkbox"/> Construction <input type="checkbox"/> Distributor	<input type="checkbox"/> Service <input type="checkbox"/> Research <input type="checkbox"/> Consultant <input type="checkbox"/> Retail

### Ownership Information

Name:	Social Security Number:	Percent Owned:	Equity in Business:	Ownership Date:	<input type="checkbox"/> Racial/Ethnic Minority <input type="checkbox"/> Woman <input type="checkbox"/> Person with a Disability
Name:	Social Security Number:	Percent Owned:	Equity in Business:	Ownership Date:	<input type="checkbox"/> Racial/Ethnic Minority <input type="checkbox"/> Woman <input type="checkbox"/> Person with a Disability
Name:	Social Security Number:	Percent Owned:	Equity in Business:	Ownership Date:	<input type="checkbox"/> Racial/Ethnic Minority <input type="checkbox"/> Woman <input type="checkbox"/> Person with a Disability
Name:	Social Security Number:	Percent Owned:	Equity in Business:	Ownership Date:	<input type="checkbox"/> Racial/Ethnic Minority <input type="checkbox"/> Woman <input type="checkbox"/> Person with a Disability

### DOCUMENT LIST

All applicants for TSB recertification **must submit a copy of the last two years of their federal tax information for their business** as part of the recertification process. The \$15 processing fee also must be included with the application. Your application will not be considered until all required documents are received, **or** until we have received a satisfactory explanation for any omitted documents. Please check the box below to indicate your company's organizational status:

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Sole Proprietorship</b> | <input type="checkbox"/> <b>Corporation</b>               |
| <input type="checkbox"/> <b>Partnership</b>         | <input type="checkbox"/> <b>Limited Liability Company</b> |

Once completed, mail your application and the \$15 processing fee (check made payable to the Iowa Department of Inspections and Appeals) to the address below. **Note:** Use of the complete mailing address will speed delivery and processing of your application.

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Targeted Small Business Certification Program  
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Des Moines, Iowa 50319-0083

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS  
TARGETED SMALL BUSINESS CERTIFICATION PROGRAM

AFFIRMATION AND AUTHORIZATION

I understand that the Iowa Department of Inspections and Appeals (DIA) may request other relevant information at any time. If any purchasing authority for a department or an agency of state government has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, that information may be considered a material misrepresentation and may be grounds for terminating any contract awarded and for initiating criminal action under state laws concerning false statements or breach of contract, or both.

I certify that the information contained in this application for targeted small business status is correct. I understand that misrepresentation may be cause to be removed from the qualified vendor list and may incur any other penalties allowed by law.

I affirm that the employment practices of the applicant company do not discriminate because of age, race, creed, color, sex, national origin, religion, or disability.

I authorize anyone who possesses personal, educational, or other information needed by the Targeted Small Business section to fully evaluate my qualifications to furnish this information to the person designated by the Iowa Department of Inspections and Appeals.

I hereby release anyone from damage which may result from their furnishing or obtaining information for the Targeted Small Business program.

**481-25.10(714) Fraudulent practices in connection with targeted small business programs.** A violation under this rule is grounds for decertification of the TSB connected with the violation. Decertification shall be in addition to any penalty otherwise authorized by this chapter.

A person is considered to be guilty of a fraudulent practice if the person;

1. Knowingly transfers or assigns assets, ownership, or equitable interest in property of a business to a targeted group person primarily for the purpose of obtaining benefits under the TSB programs if the transferor would otherwise not be qualified for such programs.
2. Solicits and is awarded a state contract on behalf of a TSB for the purpose of transferring the contract to another for a percentage if the person transferring or intending to transfer the work had no intention of performing the work.
3. Knowingly falsifies information on an application for the purpose of obtaining benefits under TSB programs.

The Department may investigate allegations or complaints of fraudulent practices and will take action to decertify a TSB upon concluding that a violation has occurred. A decertification by this action may be appealed.

I have read and understand all of the above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

My commission expires:

\_\_\_\_\_  
Notary Public

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